

POLICY MANUAL

State Mental Health, Mental Retardation and Substance Abuse Services Board Department of Mental Health, Mental Retardation and Substance Abuse Services

POLICY 1034 (SYS) 05-1 Partnership Agreement

Authority	Board Minutes Dated September 7, 2005 Effective Date: September 7, 2005 Approved by Board Chairman <u>B. Hunt/Quater/pjm 9/21/05</u>
References	§§ 37.2-500, 37.2-508, 37.2-601, and 37.2-608 of the <i>Code of Virginia</i> (1950), as amended STATE BOARD POLICY 4018 (CSB) 86-9 Community Services Board Performance Contracts STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement <i>Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation, and Substance Abuse Services System</i> , 2005 Current Community Services Performance Contract
Background	<p>Sections 37.2-500, 37.2-508, 37.2-601, and 37.2-608 of the <i>Code of Virginia</i> authorize the Department to fund community mental health, mental retardation, and substance abuse services through performance contracts that it negotiates annually with each community services board or behavioral health authority, hereinafter referred to as CSBs.</p> <p>STATE BOARD POLICY 4018 establishes the community services performance contract as the primary funding and accountability mechanism between the Department and CSBs. The Department has funded community services through these contracts since 1985.</p> <p>When they negotiated the FY 2004 Community Services Performance Contract, the Department and CSB representatives added a new document to it, the Central Office, State Facility, and Community Services Board Partnership Agreement. This agreement describes the values, roles, and responsibilities of the three operational partners in the public services system: CSBs, state hospitals and training centers operated by the Department, and the Department's Central Office. This new document is incorporated into and made a part of the current community services performance contract by reference.</p>

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Background (continued)

STATE BOARD POLICY 1036 articulates a vision statement for guiding the development and operations of the public mental health, mental retardation, and substance abuse services system. In addition to the values contained in it, this vision statement includes the principles of inclusion, participation, and partnerships. This policy states that the vision, values, and principles in the vision statement shall be reflected in and implemented through all instructions, contracts, and documents issued, entered into, or distributed by the Department, state hospitals and training centers, or CSBs. This includes the community services performance contract.

The *Integrated Strategic Plan*, developed through a process involving hundreds of interested individuals, outlines a framework for transforming Virginia's publicly funded mental health, mental retardation, and substance abuse services system. This plan emphasizes the value of and need for partnerships.

Purpose

To recognize and support the fundamental, positive evolution in the relationship between CSBs and the Department to a more collegial partnership and to establish the Central Office, State Facility, and Community Services Board Partnership Agreement as the ongoing basis for this evolved relationship, making the agreement a part of the current performance contract.

Policy

It is the policy of the Board that collaboration through partnerships is an essential part of the foundation of the public mental health, mental retardation, and substance abuse services system in Virginia.

Further, it is the policy of the Board that the Department, itself and on behalf of the state hospitals and training centers that it operates, and each CSB shall enter into a partnership agreement that shall be incorporated into the annual community services performance contract between the Department and that CSB. The partnership agreement shall contain the vision statement articulated in STATE BOARD POLICY 1036 and shall incorporate and reflect the values and principles in that statement.

The partnership agreement shall recognize the unique and complementary roles and responsibilities of the Department and the CSBs as the state and local authorities for the public mental health, mental retardation, and substance abuse services system and of CSBs as the single points of entry into the publicly funded system of consumer-focused and community-based services and supports for individuals with mental illnesses, mental retardation, or substance use (alcohol or

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other drug dependence or abuse) disorders. The agreement shall incorporate and reflect the following core values, which are embraced by all of the partners.

1. The partners will focus on fostering a culture of responsiveness instead of regulation, finding solutions rather than assigning responsibility, emphasizing flexibility over rigidity, and striving for continuous quality improvement, not just process streamlining.
2. The partners will make decisions and resolve problems at the level closest to the issue or situation whenever possible.
3. Services should be provided in the least restrictive and most integrated environment possible. Most integrated environment means a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.
4. Community and state facility services are integral components of a seamless public, consumer-focused, and community-based system of care.
5. The goal of all components of the public system of care is that the persons it serves recover, realize their fullest potential, or move to independence from care.
6. Participation by the consumer or the consumer's authorized representative in treatment planning and service evaluation is necessary and valuable and has a positive effect on service quality and outcomes.
7. The consumer's responsibility for and active participation in his or her care and treatment are very important and should be supported and encouraged whenever possible.
8. Consumers have a right to be free from abuse, neglect, or exploitation and to have their basic human rights assured and protected.
9. Choice is a critically important aspect of consumer participation and dignity, and it contributes to consumer satisfaction and desirable outcomes. Consumers should be provided as much as possible with responsible and realistic opportunities to choose.
10. Family awareness and education about a person's disability or illness and services are valuable whenever the individual with the disability supports these activities.
11. Whenever it is clinically appropriate, children and adolescents should receive services provided in a manner that supports maintenance of their home and family environment.

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12. Children and adolescents should be in school and functioning adequately enough that the school can maintain them and provide an education for them.
13. Living independently or in safe and affordable housing in the community with the highest level of independence possible is desired for adult consumers.
14. Gaining employment, maintaining employment, or participating in employment readiness activities improves the quality of life for adults with disabilities.
15. Lack of involvement or a reduced level of involvement with the criminal justice system, including court-ordered criminal justice services, improves the quality of life of all individuals.
16. The public, consumer-focused, and community-based mental health, mental retardation, and substance abuse services system serves as a safety net for individuals, particularly people who are uninsured or under-insured, who do not have access to other service providers or alternatives.

The agreement also shall address accountability, consumer and family member involvement and participation, communication, quality improvement, participation in reviews, consultation, and technical assistance, and any other areas agreed upon by the partners. The agreement may be revised whenever changes are needed. It shall be reviewed and renewed regularly by the partners.

Finally, it is the policy of the Board that the Department and CSBs shall evaluate the utility and effectiveness of the partnership agreement periodically. The Department shall report the results of these evaluations to the Board.
